



1FW 3626

RESPONSE TRANSMITTAL	Docket No.: NIC-P002US	Total Pages: 60
	Application No.: 09/672,829	
	Filing Date: 09/29/2000	
	First Named Inventor: Cathal McGloin	
	Art Unit: 3626	
	Examiner Name: Michelle Linh-Giang Le	

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																																			
<p>1. <input checked="" type="checkbox"/> Supplemental Response.</p> <p><input type="checkbox"/> After Final.</p> <p>2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is () months; accordingly the appropriate non-small-entity fee is (\$.00).</p> <p><input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$.00).</p> <p>3. <input checked="" type="checkbox"/> Substitute Specification (copy with markings and copy without markings).</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:)</p> <p><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="0"><thead><tr><th><u>Total Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th><th><u>Multiple Dependent Claims</u></th></tr><tr><th></th><th></th><th></th><th></th><th><u>Fee (\$)</u> <u>Fee Paid (\$)</u></th></tr></thead><tbody><tr><td>_____ -20 or HP= _____</td><td>x <u>25</u></td><td>_____</td><td>_____</td><td><u>180</u> _____</td></tr><tr><td colspan="5">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><th><u>Indep. Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th><td></td></tr><tr><td>_____ -3 or HP= _____</td><td>x <u>100</u></td><td>_____</td><td>_____</td><td></td></tr><tr><td colspan="5">HP = highest number of independent claims paid for, if greater than 3.</td></tr></tbody></table> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks:</p>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>					<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	_____ -20 or HP= _____	x <u>25</u>	_____	_____	<u>180</u> _____	HP = highest number of total claims paid for, if greater than 20					<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		_____ -3 or HP= _____	x <u>100</u>	_____	_____		HP = highest number of independent claims paid for, if greater than 3.				
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RESPONSE TRANSMITTAL

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CERTIFICATE OF TRANSMISSION/MAILING

Hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name Anthony L. Miele

Date

1/24/07

Dated:

1/24/07

Respectfully submitted,

By:

Anthony L. Miele, Attorney for Applicant(s)

Registration Number 34,393

Customer Number 000050048

Miele Law Group

2 Summer Street, Suite 306, Natick, MA 01760

Phone: 508-315-3677 Fax: 508-319-3001



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Cathal McGloin

Serial No.: 09/672,829

Group Art Unit: 3626

Filed: 09/29/2000

Examiner: Linh Giang Le

For: Performance Management System

Attorney Docket Number: NIC-P002US

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Dear Sir:

Supplemental to the amendments in the Response filed October 23, 2006, please amend the above referenced application as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.